A MATTER OF SUBSTANCE: AT-A-GLANCE

JULY 2014

A PUBLICATION OF IDPH DIVISION OF BEHAVIORAL HEALTH

DIVISION QUICK FACTS

Update - Heroin, Opioids and Prescription Issues:

There's momentum nationally to address the inter-related issues of heroin use and the misuse of opioid and other prescription medications. According to information from NASADAD, the National Association of State Alcohol and Drug Abuse Directors, admissions to substance abuse treatment nationwide increased by 16% for heroin and by 13% for opiate prescriptions from 2010 to 2012 – with opiate prescription admissions increasing a staggering 500% since 2000. Sadly, these increases in admissions reflect overall increases in hazardous use of a range of potentially dangerous substances – and increases in related overdoses and deaths.

While the picture may not be so bleak in lowa – the data show an increase in opioid-related admissions at lower rates than national trends and the 7th lowest drug overdose mortality rate in the U.S. – certain data and a broad range of local anecdotal reports suggest attention to this issue is needed now.

In response, IDPH is participating in several initiatives to better understand and address the issue as a whole, and to better support effective education, prevention, intervention, management, monitoring, treatment, and enforcement approaches statewide.

- 1. IDPH submitted lowa-specific data for a soon-to-be published Centers for Disease Control and Prevention (CDC) heroin/prescription opioids mortality study.
- 2. IDPH is participating in two projects led by the Association of State and Territorial Health Officers (ASTHO). The 15 x 15 Challenge is intended to reduce both the rate of nonmedical use and the number of unintentional overdose deaths involving controlled prescription drugs 15% by 2015. ASTHO's Inventory of State Action on Prescription Drug Abuse/Overdose is collecting information across all states to understand the full scope of this public health problem and to create an inventory of policies and activities to prevent prescription opioid abuse and overdose.
- 3. Three IDPH staff members Jeff Gronstal representing substance abuse services, Shane Scharer/public health, and Toby Yak/epidemiology will attend the U.S. Department of Health and Human Services (HHS) **50-State Working Meeting to Prevent Opioid-Related Overdose** meeting July 17-18 in Washington, D.C. In addition to overdose intervention strategies, the meeting includes a focus on medication-assisted treatment and Naloxone access.
- 4. IDPH submitted an application for a team of Iowa partners to participate in the Substance Abuse and Mental Health Services Administration (SAMHSA) Prescription Drug Abuse Policy Academy scheduled for August 11-13. The team intends to reconvene the 2011 Iowa Prescription Abuse Reduction Task Force to develop a coordinated state plan that builds on the recommendations of the 2012 Governor's Office of Drug Control Policy report entitled "Reducing Prescription Drug Abuse in Iowa: A State Strategy".

Watch for updates in future newsletters. If you have questions or comments or if you want to participate in these efforts, contact Jeff Gronstal at Jeffrey. Gronstal@ipdh.iowa.gov.

New Staff:

Please join us in welcoming Toby Yak to IDPH as the epidemiologist for Division of Behavioral Health brain injury, disability, problem gambling, substance abuse, and injury and violence prevention services. Toby has been with IDPH for several months as a Center for Substance Abuse Prevention Fellow, and will assume his new duties on July 18. Toby holds an MPH and will complete his PhD this coming year. *Welcome Toby!*

Congratulations:

Jay Hansen of Prairie Ridge in Mason City recently celebrated his 40th anniversary with the organization— Wow! Here's to another 40, Jay!

LOOK —> We added a second page to this month's newsletter!

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Medical Cannabidiol Act

- 1. Effective July 1, 2014, Senate File 2360 established lowa Code chapter 124D, the Medical Cannabidiol Act.
 - Review the Act at http://coolice.legis.iowa.gov/linc/85/external/SF2360 Enrolled.pdf.
 - IDPH's Bureau of Chronic Disease Prevention and Management is drafting administrative rules to implement the Medical Cannabidiol Act, with information available at http://www.idph.state.ia.us/MCARCP/.
 - Registration cards authorizing individuals to carry CBD will be available when administrative rules are written and go into effect, and when the lowa Department of Transportation produces the cards.
- 2. Cannabidiol (pronounced canna-bid-iol and abbreviated as CBD) is "a non-psychoactive cannabinoid found in the plant Cannabis...that is essentially free from plant material, and has a tetrahydrocannabinol level of no more than 3%."
 - Tetrahydrocannabinol, or THC, is a psychoactive compound in cannabis.
- 3. As a non-psychoactive cannabinoid, CBD products have low potential for abuse.
 - CBD is not marijuana or "medical marijuana", as they are commonly discussed.
 - Marijuana remains prohibited in Iowa as a Schedule I Controlled Substance.
- 4. The Medical Cannabidiol Act allows for CBD use by patients with "intractable epilepsy," "an epileptic seizure disorder for which standard medical treatment does not prevent or significantly ameliorate recurring, uncontrolled seizures or for which standard medical treatment results in harmful side effects."
 - A pharmaceutical CBD product, Epidiolex, is being tested by the U.S. Food and Drug Administration.
- 5. To legally use or possess CBD in lowa, patients and primary caregivers must have a patient's use recommended by an lowa-licensed neurologist and must apply to IDPH for a cannabidiol registration card. If IDPH approves, the lowa Department of Transportation will issue the card.
 - lowa does not recognize cannabidiol or marijuana registration or cards from other states.
- 6. Iowa CBD patients may have a primary caregiver who may possess up to 32 ounces of CBD for each patient. "Primary caregiver" is defined as "a person, at least 18 years of age, who has been designated by a patient's neurologist or a person having custody of a patient, as being necessary to take responsibility for managing the well-being of the patient with respect to the medical use of cannabidiol."
 - 32 ounces is projected to be about a 6-month supply of CBD.
- 7. CBD may be administered to lowa patients by oral or transdermal methods (no smoking).
 - CBD products, like Charlotte's Web, are often produced in an oil solution.
- 8. CBD products cannot be cultivated, produced, or purchased in Iowa.
- 9. Iowa patients, primary caregivers, and neurologists who use, possess or recommend CBD in compliance with the Medical Cannabidiol Act are not subject to criminal prosecution for violating Iowa marijuana laws.
 - A person who knowingly or intentionally possesses or uses CBD in violation of the Act is subject to criminal penalties under Iowa Code chapters 124 and 453B.
- 10. The University of Iowa will submit a report to IDPH and Iowa Legislature on scientific CBD studies and developments regarding patient treatment efficacy by July 1st each year.
- 11. The Medical Cannabidiol Act automatically repeals July 1, 2017.

UPCOMING EVENTS

Adverse Childhood Experiences

July 18 at the Area Substance Abuse Council Prevention Office To register, contact Kathy Corbett at kcorbett@asac.us

Dr. Stephanie Covington: The Addiction-Trauma ConnectionAugust 5-6 at the Prairie Meadows Event and Conference Center,
Altoona. To register, go to http://ilearn.iowacourts.gov

National Prevention Network Conference

September 15-18 in Hartford, Connecticut To register, go to http://swpc.ou.edu/npn/registration.html

Training Without Travel

Check out the online training courses available at www.trainingresources.org